

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LIX.

THURSDAY, JANUARY 6, 1859.

No. 23.

REPORT OF THREE CASES OF MEMBRANOUS CROUP.

[Read before the Boston Society for Medical Improvement, December, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY G. CLARK, M.D.

CASE I.—Oct. 27th, W. W., a stout healthy boy, 7 1-2 years of age, after exposure to wet and cold, was attacked with angina and slight feverishness, which subsided the next day, leaving only a little hoarseness. Early on the morning of the 30th, the cough of croup appeared, and during the forenoon was followed by obstructed respiration. Dr. E. D. G. Palmer, whose patient he was, first saw him on the morning of the 31st, when all the previously existing symptoms had increased, and an abundant deposit of false membrane was observed about the palate and tonsils. He applied a wash of nitrate of silver to the throat, prescribed some powders of ipecac and opium, and directed the vapor of hot water to be kept constantly in the apartment.

I visited him at 9 P. M. of the same day, at the request of Dr. Palmer, at which time the appearances were so alarming, that at first sight tracheotomy apparently offered the only means of saving him from immediate suffocation. He was purple, agitated, with a rapid pulse, a moist and cool skin, dilated nostrils, and much dragging of the larynx at each attempted respiration. There was aphonia, scarcely any cough, and the respiratory murmur was hardly perceptible in either lung. Lymph was still visible on both tonsils and about the epiglottis. It was decided, after preparing to operate, and before proceeding to do so, to make a thorough trial of the effect of the introduction of a solution of the nitrate of silver, with the probang, into the larynx, and then to go on at once with the operation, if he was not essentially relieved by the sponging.

He was firmly held, the head of a good sized clothes-pin placed as a gag between the back teeth of the left side, and the sponge, guided by the fore-finger of the left hand, fairly passed into and

VOL. LIX.—No. 23

through the larynx. It came out loaded with false membrane. The immediate and violently spasmodic effects of the proceeding having been moderated by the inhalation of ether, the relief of all the symptoms was so decided as to render any further active interference for the present unnecessary. An hour later, he was breathing more easily, with some flapping of the membrane, a stronger and more effective cough, and an occasional expectoration of bits of membrane. He was ordered brandy and water and beef-tea, *ad libitum*, and permitted to take any other light food which he chose. The quantity of brandy taken for the next twenty-four hours was something over a pint, or about one ounce every hour and a half. The Dover's powders and the steam were continued for three days. He continued to improve slowly, and was about the room, feeling pretty well, in ten days.

CASE II.—Nov. 15th, I saw in Cambridge street, by invitation of Dr. George Bartlett, a delicate little girl, two years of age, with well-developed croup, of an entirely distinct character, but of rather moderate intensity. The lymph was apparent about the fauces, the breathing was stridulous, and the cough dry. The treatment consisted of the local use of the nitrate of silver, Dover's powder, steam, &c., and wine-why. The child made a good recovery.

CASE III.—Nov. 25th, W. G., a very healthy boy, two years and four months old, who had two days before arrived in a neighboring town from Michigan, was taken ill with sore throat and hoarseness. On the Sunday following, the 28th, early, he began to have a noisy, croupy cough, and, the next midnight, had croupy breathing. Previously to my being called to see him, the next noon, he had got an emetic with temporary relief, had his throat sponged with caustic, and was placed in an atmosphere charged with steam. The tonsils, and indeed the whole of the parts about the entrance to the larynx, were heavily coated with the diphtheritic effusion. The breathing was dry, stridulous and labored, but the voice was pretty good, especially after a paroxysm of coughing.

His throat was thoroughly sponged with the solution of the nitrate of silver (40 grs. to one oz. of water), and he was directed two grains of Dover's powder every two hours; the steam to be continued and the temperature of the room maintained at from 72° to 74°. Brandy and water, and liquid nourishment, freely.

Dec. 1st, 9 A. M. All the symptoms aggravated. Pulse from 140 to 150; respirations 50 in the minute, with an occasional flapping sound, especially during cough; color and complexion pretty good. Patient had made frequent and ineffectual attempts at micturition. When passed, the urine was very small in quantity, and cloudy. It had not been preserved.

At this visit, a solution of the nitrate of silver was injected quite into the larynx, with the Warren syringe. This was followed by an alarming suffocative struggle, but with occasional, appa-

ren
ges
gre
In
to b
very
In
of p
brid
with
lent
in su
I we
ble.
the
out
char
pate
when
comp
T
his b
140,
with
râles
D
pirat
move
throu
N
parts
tina,
3d
ing o
the v
Pulse
Fr
canul
of co
his v
facto
struc
13
breat
120.
Dr
to ob
Very
Vo

rent, partial dislodgement of the matter blockading the air-passages, affording some relief to the voice and respiration, but with great exhaustion of the strength.

In the evening his appearance was much worse, and he seemed to be sinking. Pulse 160 to 170. Respirations at least 60, and very little air making its way into the chest.

It being apparent that tracheotomy offered the only hope, even of prolonging life, and Drs. G. H. Gay, and Moses Clarke of Cambridge, concurring with me, the operation was at once proceeded with. The little patient was much alarmed, and struggled violently during the attempt to etherize him, and altogether seemed in such immediate and imminent danger from his efforts alone, that I went on without having him so quiet as would have been agreeable. No blood of any consequence was lost, the veins overlying the trachea being carefully drawn aside. The rush of air into and out of the trachea, upon its penetration, resembled that of an over-charged and leaking champagne bottle. The incision was kept patent by the dilator, until the breathing became a little quiet, when the double canula was inserted and fixed in its place, to the complete and instant relief of all the symptoms.

The little fellow was much exhausted, but soon rallied, and took his brandy and water with great satisfaction. The pulse fell to 140, and he soon went off into a quiet sleep. On examination with the ear, the air was found to be pouring freely, with some râles, to all parts of the lungs. Respirations 56.

Dec. 2d.—The patient has had a good night. Pulse 136. Respirations 45 to 50. The inner canula has been several times removed and cleansed, and a solution of the nitrate of silver poured through it into the trachea. Treatment to be continued.

Nine, P. M.—Patient had, this evening, an eruption on various parts of the body, closely resembling that of commencing scarlatina, of which, however, there are no other symptoms.

3d.—Patient had been rather restless, and annoyed by the itching of the eruption, which is to-day very bright, and extends over the whole body. His breathing and other symptoms improved. Pulse 130. Respirations 44.

From this time he gradually improved until Dec. 8th, when both canulæ were removed. He had quite an uncomfortable paroxysm of coughing and crying, but in the course of an hour had recovered his voice very well. His breathing, however, was not quite satisfactory, and on the evening of the 11th, it being considerably obstructed, the tubes were again replaced.

13th.—He is, to-day, apparently quite convalescent—eating, breathing and sleeping well, and playing about his chamber. Pulse 120. Tongue and throat clean.

Dr. Bacon was kind enough to examine the first urine I was able to obtain for that purpose, and he reports to me "no albumen." Very possibly it might have been found at an earlier period. The
VOL. LIX.—23*

eruption disappeared in about forty-eight hours, and I suppose may be accounted for by the natural reaction of the skin, after so long-continued local asphyxia. Possibly the ether may have had something to do with it. Dr. John Ware saw the patient twice at this period, and expressed the same opinion as to its nature.

In each of these cases, as well as in several others which I have had, I am sure that the administration of stimulants and nourishment has had a most favorable influence in rallying and preserving the flagging vital forces, and I should never omit to direct them.

OSTEO-SARCOMA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSERS. EDITORS,—Although cases of malignant and semi-malignant tumors of the bones are not very common, yet they are not so uncommon but that almost every practitioner will have more or less to do with them, in the course of his practice. I have thought that such cases were more often the subjects of error in diagnosis and prognosis, than more common diseases. Let a large joint get diseased, and many practitioners will be on the look-out for *white swelling*, or abscess—forgetful that there is such a thing as a tumor of the bone. The following cases, which came under my own observation, are in keeping with the above remarks.

CASE I.—Miss Charity Paine, of Orwell, aged 34, in March, 1856, injured the knee-joint by falling upon the sharp corner of a block, and some soreness and inflammation followed. In July following, a swelling appeared at the point of injury, on the head of the tibia—for a while circumscribed, and of an elastic springy feel. It was treated by a quack for “white swelling,” and in due time general inflammation of the joint set in, with much swelling, stiffness and œdema of the foot and leg. I saw it first in December, when, in addition to the above symptoms, it was of a deep-red or purplish hue, and had that peculiar elastic feel, so like the fluctuation which attends an abscess. The pain was severe, especially at night, the patient was somewhat emaciated, and had cough and some incipient hectic symptoms. I recommended moderate cupping, blistering followed by iodine, and mercurial plasters to the joint, with tonics and anodynes.

Slight apparent benefit followed this plan of treatment for a few weeks, but it was not lasting. The sense of fluctuation became so marked, that on the 8th of January, 1857, an exploring puncture was made, to let out the fluid. Nothing escaped but blood and serum. The rough bone could be felt by the probe, and as the general health was failing, amputation was advised, but not consented to by the patient for two weeks, during which time a large bleeding fungus had protruded, and the patient was reduced to the verge of the grave by pain and loss of blood.

On the 22d of January, assisted by Dr. Howe and others, I amputated the limb at the middle of the thigh. Eleven vessels had to be ligated. Convalescence was established in about three weeks, with no unfavorable symptoms save a severe cough, with expectoration, which continued for two weeks or more. Only a brief examination of the joint was allowed, on account of the pain which the patient imagined it gave her. The tumor was composed of a fungous mass, which assumed, near the bone, a brain-like consistence and color. The cancellated portion of the head of the tibia was broken down, and mingled with the fungous mass, and the finger could easily be passed nearly through the bone. The cartilages of the joint were entire, though much thickened, and the other structures of the joint showed signs of severe inflammation.

CASE II.—W. McLaughlin, of Cherry Valley, a strong healthy blacksmith, aged 30, had had, for many months, a partial ankylosis of the knee-joint. Some time during the past summer, the joint was violently flexed in a scuffle, and inflammation supervened. In a few days a small elastic tumor was observed on the head of the tibia, near the insertion of the sartorius muscle. It grew rapidly, and was quite painful; and in six weeks it appeared like a huge boil. The sense of fluctuation was so marked, that the attending physician thrust in a lancet to let out the pus. Nothing came but blood. I saw it first, on the 10th of August, when the tumor was about as large as a child's head at birth, and the foot and leg were quite cedematous. The whole joint was also much inflamed, swollen and immovable. The general health was much impaired, and amputation was advised; but, as in the former case, the patient did not consent for several days.

On the 20th of August, all the unfavorable symptoms having rapidly increased, the limb was amputated at the middle of the thigh, by Dr. Dudley Allen, of Kinsmans. Convalescence was rapid and complete. The tumor was dissected out, and proved to be perfectly circumscribed. It had a gelatinous appearance externally, and internally a brain-like appearance and consistence, and extended nearly through the head of the tibia, occupying the whole space of the cancellated portion. The cartilages and synovial membranes were but little affected.

CASE III.—Martin Myers, of Mesopotamia, aged 14, injured his knee in the spring of 1858, and had some trouble with it for several weeks, such as soreness and stiffness of the joint, and some pain. It was treated by domestic remedies for rheumatism, to very little purpose. The joint became inflamed and much swollen, the centre of the swelling being a little above the joint.

I saw it first, on the 20th of July, in consultation with Dr. Wilcox, the attending physician, and found it as above described. The symptoms of inflammation were quite prominent, and the patient was laboring under a degree of inflammatory fever. I recommended the antiphlogistic regimen, and perfect rest for the joint, which

seemed to arrest the disease for a time. The case eventually passed into the hands of a notorious quack, and, by means of heating applications, the joint became more inflamed and enormously enlarged.

I saw it the second time on the 17th of September, having been summoned in haste to amputate. I found the patient very much emaciated, with cough and hectic. Pulse 140. He was very anxious to have the leg removed as soon as possible. The knee-joint measured 27 inches in circumference, and the whole of the thigh was very much larger than the sound one—at least three times as large.

I amputated this limb by the circular incision, at about two inches below the trochanters. The skin was incised about an inch and a half lower. The recovery in this case was slow, on account of the cough and expectoration. The stump is entirely healed at this date (Dec. 10th), and the cough is better. The patient is able to ride out.

I expected trouble in this case, on account of the shortness of the flaps; and in truth, the bones showed a disposition to protrude. To obviate this, I adopted the following plan, which may possibly be new to some of your readers. I bent a piece of hoop in the shape of the letter U, so that it would fit over the end of the stump, and allow one end to rest against the great trochanter and the other against the pubis. A broad piece of adhesive plaster was put on over the end of the stump, and a piece of tape passed under it with which to make extension. The U shaped hoop was fastened to its place with a roller bandage, and the tape tied securely to it, so as to draw the integument well down over the end of the bone.

I was unable to be present at the examination of this joint, but learned that the main disease was on the lower part of the femur, in the spongy portion. The bone, which is now in the possession of Professor Hamilton, of Buffalo, is diseased at the point of section, though a very little sound bone was removed. The internal condyle is consumed for about three inches, and the external about one inch. The shaft of the bone is of a light ash color, and it is lighter and more porous than ordinary healthy bone. The swelling which surrounded the bone was composed of a gelatinous mass, mixed with blood and spicula of bone.

None of the above cases were materially benefited by the treatment which was adopted.

W. M. EAMES.

Orwell, Ohio, December, 1858.

TUBERCULOSIS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The attention of the profession has of late been directed, by Dr. Churchill, to the consideration of the hypophosphites in the treatment of phthisis. Favorable accounts are being almost daily received, amounting, in some instances in private practice, to positive eulogy. Thus far, however, it would appear that the attention of the profession has been more especially confined to its use in the treatment of tubercular consumption; whereas a correct process of reasoning, as well as analogy, would seem to indicate that the remedy was equally adapted to the treatment of *tuberculosis*.

I believe it generally obtains, especially among the majority of practitioners, that phthisis is a *specific* disease; by which I mean that the lungs, by their structure and office, are *specially* liable to tubercular degeneration, while other portions of the system are partially, if not wholly, exempt from such a tendency. A reference, however, to prominent authority, would do much to correct this erroneous impression. It has been demonstrated beyond a doubt, that the membranes of the brain, as well as the brain itself, the pericardium, pleura, peritoneum, mesentery, bowels, bones, &c. &c., may severally become the seat of tubercle.

Such being facts, may we not frequently meet cases presenting symptoms indicative of chronic pleuritis, chronic peritonitis, hydrocephalus, chronic pericarditis, necrosis, &c., whose exciting cause is tubercle? Under these circumstances, the treatment usually adapted to chronic inflammation, either primary, or as a continuation of the acute form, would necessarily be attended by but little if any relief.

I believe analysis has established the fact that tubercular matter, whether found in the lungs or elsewhere, is identical in its component parts. Hence it is proper to infer that the same exciting cause may develop the disease, allowing, at the same time, to a peculiar idiosyncrasy of constitution the power to determine its location.

The hypophosphites have already gained much notoriety as specific remedies in the treatment of phthisis. May they not be extended so as to embrace the whole class of tubercular affections within the sphere of their remedial action, and with a similar therapeutic effect?

A. GUIWITS, M.D.

Salisbury Centre, N. Y.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL
IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 11th.—*Disease of the Heart in consequence of violent exertion in Running.*—Dr. BOWDITCH reported the case.

C. N., aged 16, male, student, reports that six years ago he was induced to run very fast, in order to arrive at the railroad station by the time the train should arrive. Whilst making this effort, he suddenly felt very ill, and stepped from the track, along which he was running, and fell, unconscious. He remained in this state for some minutes, and ever since he has been liable to similar attacks, occurring at irregular intervals, whenever he runs, or is excited. They are accompanied by palpitation. In ascending heights, also, they are liable to occur unless great care is taken. If he walks fast, he has pain in the cardiac region. He never has had violent orthopnoea at night. The extremities are liable to be cold, but are never œdematous. The digestive system well, excepting a little diarrhoea during the past summer. When at Dr. B.'s office, he looks like a stout, rosy-cheeked little boy, of bright mind. Pulse 86, strong and regular. No great dyspnoea. Has headache most of the time—six days out of seven. Accesses occur whenever he is not careful to avoid exciting causes, and in consequence of his care they have been less than during the past two years.

On examination, the heart presents twice the usual extent of dulness. A strong rasping, aortic murmur is heard over the aortic valves and above them. The respiratory murmur is obscure in the left breast, owing to the size of the heart, but otherwise is normal.

The evident diagnosis was an enormous hypertrophy of the heart, with aortic valvular disease and probable dilatation of the main trunk of the aorta.

Dr. Bowditch said that he had met with several such cases, in which, after a long and fatiguing race, dyspnoea had immediately supervened. Similar effects have been induced by extraordinary exertions in rowing. Writers on the heart had noticed the same effect. Dr. B. thought it incumbent on physicians to caution youths not to over exert themselves in boat-racing, to which the present tendency of fashion seems to lead. Dr. B. believed that in these cases, owing to the inordinate action of the heart, a partial rupture of the valves takes place. This causes the immediate dyspnoea and palpitation, and gradual hypertrophy.

Dr. JACKSON suggested that in these cases there might be rupture of the chordæ tendineæ as well as of the valves.

Nov. 8th.—*Communicability of Secondary Syphilis.* Dr. W. E. TOWNSEND made further mention of the case reported by him in January last; that of a woman who, two years previously, had a venereal ulcer on the breast, followed by secondary syphilis, this being caused by the secretions from the nose of a child which she was nursing, dropping on a scratch at that place.

At that time some gentlemen expressed a doubt as to the character of this ulcer, thinking the probabilities were against its being of a syphilitic nature.

Two years and a half afterward, in August of this year, the same

woman was confined at her full time; the child at first looked well, but in the course of four weeks bullæ appeared on its ankles and feet, followed by inflammation of the mucous membrane of the nose and mouth, filling up those passages and obstructing the passage of air and nutriment, in consequence of which it died within six weeks of its birth.

This child died, undoubtedly, of hereditary syphilis, derived from its mother. The previous children of these parents have been, and are now, stout and healthy, and the father, to the best of Dr. T.'s knowledge and belief, never had any syphilitic disease. Similar cases have lately been reported by Langston Parker, Esq., in his lectures on Infantile Syphilis, in the *Lancet* for August, 1858.

Dr. COALE alluded to a similar case, reported in the *Medical Times and Gazette*.

Dr. TOWNSEND said he regarded the question as to the communicability of secondary syphilis a very important one, as bearing on marriage, the physician being often asked as to its advisability, when the husband had had primary disease.

Dr. PUTNAM alluded to a case in which a patient who had had syphilis, had supposed himself cured before marriage; his wife gave birth to a child at seven months. There was no question as to the nature of the cause.

Dr. ABBOT mentioned the opinion of Trousseau, that when the disease had once existed, there is no security against its re-appearance in the offspring. Several cases are on record where the disease is thus entailed. That there is no certainty as to its re-appearance is evident from another case mentioned by Trousseau, in which the patient, a cavalry officer, who had had syphilis several times, and was married, had children who exhibited no trace of the disease.

Dr. HAYWARD, Jr., in connection, reported the following case as tending to confirm the theory of the communicability of secondary syphilis.

In describing this case, the two first letters of the alphabet are used to indicate the ladies referred to, but with no reference, of course, to their real names.

December 17th, 1856.—Mrs. A. was confined in the country; she soon had fissures in the left nipple, and, her own baby not being strong enough to draw the breast well, she borrowed one nine weeks old from a poor family in the neighborhood. This child nursed her four times; the fissures in a few days became sores, and extended until they involved the whole nipple. During the first week in April, a dark red eruption appeared all over her body, arms and limbs; this gradually assumed a copper color, and continued to spread until, by June, it involved the whole face. The infant had a similar eruption appearing about the same time.

July 18th, 1857.—Mrs. B., the mother of the above-mentioned patient, came to Boston to consult Dr. Hayward, concerning her daughter and grandchild, and, finding he had gone to Europe, she called upon Dr. Hayward, Jr., for advice. From the statement of the case given above, which she then made; from the fact that the infant who nursed Mrs. A. died in about two weeks after she was taken sick, covered with an eruption, and (as she expressed it) "rotten" with what the child's father said was smallpox; and from the circumstance that the child's father refused to allow any physician to attend upon

his child, Dr. H. came to the conclusion that Mrs. A. and her infant were suffering from syphilis, and requested to have them brought to Boston that he might see them before prescribing. Mrs. B. said that her daughter was so mortified at her appearance, her whole face being covered with the eruption, that she positively refused to travel in any public conveyance. Dr. H. therefore prescribed for her hydriodate of potassa and decoction of sarsaparilla internally, and black wash, composed of a drachm of calomel to eight ounces of lime water, externally; the infant to drink the sarsaparilla, and have the black wash applied.

Aug. 14th.—Mrs. B. called again and reported her daughter and grandchild as much better, the eruption very much diminished; she was directed to continue the same treatment. Mrs. B. at that time supposed herself well.

Sept. 11th.—Dr. H. was sent for to see Mrs. A., who had come to Boston. She had, at that time, extensive traces of the copper-colored eruption on her face, and on various parts of her body, but this was dull except when exposed to changes of temperature, and Mrs. A. said that it was steadily fading away. She complained of much suffering in the left eye, and, on examination, it was found that she had a severe attack of iritis; the attack began in the right eye, and shifted to the left one. She had taken the hydriodate of potassa and sarsaparilla up to that time. She was then ordered to take a pill composed of one grain of calomel and one third of a grain of opium three times daily, till the gums were slightly affected, and the mercurial action was kept up moderately for several days longer. Under this treatment the iritis speedily improved, and when she left town, Sept. 25th. the eye was very much better, and it is believed that she has had no trouble with it since.

On the first or second visit to Mrs. A., at this time, Mrs. B. requested an examination of her throat, which she said was sore. Dr. H. examined it and found, to his surprise, that it presented every appearance of syphilitic sore throat. On questioning her, it was found that she had had the entire care of the sores on her daughter's breast, and had sometimes washed cloths which came from them, but that although she had had little cracks about her fingers repeatedly, she had never had any sores on her hands or arms until about two months and a half before this time. At that time, being about the middle or latter part of June, when the baby was six months old, Mrs. B. held it while the physician lanced an abscess on the right side of its neck; this discharged freely a greenish-colored matter, which ran over her left hand and wrist. On the back of the wrist the skin was broken at the time, and in about a fortnight after the abscess was opened, a sore resembling a common boil was formed upon the back of the wrist where the abrasion had been. This suppurated, but, when it discharged, Mrs. B. noticed that there was no core to it, as in the case of a common boil; and, moreover, that the matter discharged from it was of a greenish color and resembled that which came from the infant's abscess. This sore on the back of the left wrist was followed by red and copper-colored spots, similar to those which Mrs. A. had had, and finally by sore throat. The sore throat yielded to fumigations of cinnabar and applications of nitrate of silver, and when that was well, she was ordered hydriodate of potassa and decoction of sarsaparilla, under which the copper-colored eruption slowly improved, though she has been at

time
H.
posi
was
vere
and
dise
upon
seen
any
cons
sici
also
of it
D
mon
riag
a th
it h
four
mot
A
atten
case
and
D
ratio
Wit
cific
insu
now
the
tion
if sy
late
prot
in it
ed in
lesio
grea
sort
nati
was
leas
conc
The
syph
cont
peri
sinc
babb
resp
tion
just
V

times troubled with it since, and is not quite free from it now. Dr. H. thinks that there was no loss of hair in Mrs. A.'s case, and is positive that there was none in Mrs. B.'s, except where the eruption was upon the scalp. In the course of the treatment, he saw and conversed freely with both Mr. A. and Mr. B., and from their appearance and characters, and that of their wives, firmly believed that all this disease, misery and mortification arose from suckling a diseased child upon a fissured nipple. With this conviction, he remarked that it seemed to him of the utmost consequence, 1st, that before allowing any strange child to nurse a woman, the family physician should be consulted, which was not done in this case; and 2dly, that every physician should carefully examine the state of a child's health, and also inquire, as far as he is able to do so, into the character and health of its parents, before he allows it to nurse his patient.

Dr. Townsend here briefly alluded to another case. Mrs. K., seven months after marriage, had a stillborn child. Two years after marriage, she had a second, likewise stillborn. Three years after, she had a third at full term, which lived for eight months, during five of which it had well-marked infantile syphilis. Four years after, she had a fourth, which has never been ill, but is still a feeble child, though its mother has always been, and is now, a hearty, robust woman.

About a year before marriage, her husband had syphilis, and was attended by a physician of this city, having a large experience in such cases. He supposed himself entirely cured, and presented no appearance of disease.

Dr. H. J. BIGELOW had expressed doubt as to the nature of the ulceration spoken of, and had perhaps been alluded to by Dr. Townsend. Without at all denying the possibility of the venereal lesion and specific secondary contagion in this case, he had felt the evidence of it insufficient to justify his own belief in it. The additional evidence now presented is, that a second child, born two years and a half after the first, presents, in four weeks, bullæ on the feet and "inflammation" of the buccal and nasal mucous membrane. These symptoms, if specific (which is not certain), must have been hereditary at this late period; and this fact of inheritance is adduced as evidence of the protracted existence of the lesion in the mother's constitution; which in its turn is relied on to show that such lesion was originally received in a secondary stage from a nursing child, and not as a primary lesion from a husband, or from any other source. While Dr. B. had great regard for the opinion of Dr. Townsend, and, in general, for the sort of conviction which results from a detailed and personal examination of evidence of any sort, he did not think that the case cited was one which could be relied on to convince other people. Primary lesion or *chancre* is *always* inoculable in an unsyphilized subject. Secondary and constitutional lesion is well known to be *almost never* so. The present discussion is to the point whether secondary and tertiary syphilitic disease is *ever*, in *exceptional cases*, communicable by contact or inoculation. Ricord, after years of honest and careful experiment, decided that it was not. Subsequent experimenters have since thought that in rare cases it may be, and it seems actually probable that it is. But as the comparative ignorance which prevailed in respect to the whole subject of syphilis, before the masterly elucidation of Ricord, was due to the imperfect analysis of previous evidence, justice to the labors of that observer demands a rigorous scrutiny of

any case adduced in contradiction of his results. Grant a venereal eruption to be identified as such (which is often difficult, sometimes impossible), the question of its origin is then between a rare contagion from a previous secondary or tertiary eruption in another person, and its regular, every day sequence from a primary sore, persistently denied or honestly ignored, by the individual last affected. No other medical subject presents, like this, the sacrifice of character and of social relations as obstacles to its elucidation, and evidence should be weighed accordingly.

Dr. B. believed that constitutional syphilis was, on all the evidence, contagious as well as hereditary, but was rarely so; and that the protracted contact of the nursing child was the more frequent condition of this contagion. Of course, no healthy woman should knowingly nurse a syphilitic child, and *vice versa*. As to the question of marriage, he thought that the lapse of a year from the *complete disappearance*, under proper treatment, of light constitutional symptoms, and of two or three years, more or less, in severer cases, was as strong a guarantee of immunity as posterity had a right to expect, or at any rate as they generally received.

Dr. LYMAN alluded to the change of opinion in England and on the Continent, upon this subject; also to the fact that the English journals contain frequent reports of cases, which give direct evidence of the communicability of secondary disease.

Dr. DURKEE considered that the preponderance of medical opinion is in favor of the communicability of secondary symptoms. The singular doctrine, advanced some years since, by Ricord—that of all venereal affections, indurated chancre, alone, furnished inoculable matter, had been the occasion of awakening other distinguished observers to the general subject of contagion arising from syphilitic manifestations. The facts furnished by such men as Vidal, Velpeau, Trousseau and Cazenave, of France; by Wilson and Langston Parker, of London; by Professor Porter, of the Royal College of Surgeons of Ireland; by Sigmund and Hebra, of Vienna, and many other high authorities—had now become quite numerous, and they were in direct opposition to the views of Ricord. These facts are constantly accumulating, and the most respectable medical journals teem with well-authenticated instances of infection derived from secondary lesions. Two cases of this kind, related by Professor Bennett, of Edinburgh, are entitled to our remembrance, whatever theory we may entertain on the subject. They are as follows:—A child of respectable parents was brought to Bennett for his opinion, whether an eruption, which it had, was, or was not, venereal. Bennett decided that it was. The family physician maintained that it was not. The child was put under the care of two wet nurses, both of whom, soon after having had the care of it, became affected with venereal ulcers about the nipples, and other well-marked syphilitic symptoms. Bennett had given his opinion that it was unsafe for the child to be “wet-nursed.” Both nurses brought an action for damages against the physician who had caused the diseased infant to be under their care, and both recovered damages.

In view of such facts, Dr. D. asked if any member of this Society would feel justified in giving his professional opinion that a syphilitic infant might safely be committed to the custody of a healthy wet nurse; or, to reverse the circumstances, and suppose that a healthy nursing was in want of a wet nurse, and a woman with a large breast

of mil
found
inclu
tering

Dr.
secon
prima
munic
the co
theory
duced
world
point.
advan
of ven

Dr.
which
not as
He ha
in wh
was t
arrive

Dr.
the di
might
subject
under
tropic
ward
of the
in the
be not
wheth
at som
gone
time,
the ch
define
became
wheth
the tr
fers in
syphi
be me

Dr.
the c
racter
the p

of milk should desire the situation, but, upon examination, should be found to have secondary syphilis; would any gentleman present be inclined to encourage the friends of the child to commit it to the fostering care of such a woman?

Dr. D. remarked that in his own practice he had seen several cases of secondary syphilis in both sexes, where no evidence, whatever, of primary lesion existed. He considered that the proof, as to the communicability of secondary lesions, was as reliable as that relating to the contagiousness of chancre. Once, he was a believer in Ricord's theory. But facts observed in his own practice, as well as those adduced by the most trustworthy men from all quarters of the medical world, had fully convinced him that Ricord was not sound on this point. He is preëminently entitled to praise for the great scientific advancement he has made in regard to the pathology and treatment of venereal affections; but he is not infallible.

Dr. Strong remarked that he did not consider this a question upon which the profession is at present ready to decide. Observations were not as yet sufficiently numerous to form the basis of a correct opinion. He had for a long time differed from Ricord, having seen many cases in which the evidence of the communicability of secondary syphilis was undoubted; but was yet of the opinion, that the time had not arrived to establish a pathological conclusion.

Dr. JACOB BIGELOW remarked that he had been much interested in the discussion. There was one point to which he would allude, that might tend to reconcile the differences in the various reports upon this subject; and this is the change of character that diseases sometimes undergo in different periods. Cholera, for example, was formerly a tropical disease; it being only about thirty years since it spread toward the north. Plague once visited Great Britain, and various parts of the Continent, committing terrible ravages; now, it is not known in those countries. Yellow fever was supposed, thirty years ago, to be non-contagious; while, at present, serious doubts are entertained whether it be not sometimes contagious. Typhus fever seems to be at some times contagious, at others not at all so. Syphilis had undergone several changes in its character within a half century. At one time, the doctrine of Hunter was well established. Not long after, the chancre was found to vary so much, as to render it necessary to define what was meant by the *Hunterian* chancre; and it afterward became so varied in character and appearance, as to make it doubtful whether there were not as much of qualified or spurious syphilis as of the true disease. We know that the contagiousness of smallpox differs in different years. Is it not within the bounds of possibility that syphilis may, under different circumstances of epidemic predisposition, be more communicable at one time than at another?

Dr. Strong was not inclined to regard these apparent differences in the communicability of diseases, as owing to any change in their character, but rather to faulty observation, or perhaps to a difference in the predisposition of patients.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JANUARY 6, 1859.

CLINICAL INSTRUCTION—JOCOSE "CLINICS."

WE have an exalted idea of the value of true clinical teaching; and have not failed, long since, to express our views, in the JOURNAL, upon this important subject. Whether the instruction be strictly clinical—that is, imparted at the bed-side—or such as the material afforded daily at our Dispensary Central Offices and Hospitals, to which out-patients now come in great numbers, offers abundant opportunities to descant upon, the chances of practical information to the medical student are large and increasing. This is a privilege which we, in our student-days, did not enjoy; and these are the cases which will most frequently occur to the young and inexperienced practitioner; they should, therefore, be as familiar to him as "household words." The study of the *physiognomy of disease*, only to be acquired by this personal confrontation of the student with the examples of morbid affections, and by a reiteration of observations, patiently, day by day, is one of the chief means efficient in forming an acute and useful practitioner. We are glad to observe that much attention is paid to this department of medical study; the Faculty of our Medical College evince their appreciation of its value by setting apart a portion of time from the lecture routine, to be devoted to this object.

If it is desirable—nay, essential—that students have ample opportunities for the observation and appreciation of actual cases—it is even more so, that the teaching to which they listen should be of that character which will impress them with the importance and the true dignity of their profession. In the management of what are now termed "*clinics*," much tact is required. This is true in two different senses: first, no little share of ingenuity is often demanded in order to elicit, from the class of patients to be found in hospitals and in dispensary practice, the information absolutely needed, in order to prescribe judiciously for their ailments. Next, it is not an easy task to communicate information upon medical and surgical topics, in such a manner as will at once enlist the attention, and interest the minds of students. Too dry and circumstantial details, often repeated, and never varied, will weary—and an occasional departure from the stiff and precise forms of mere scientific communication, is not only often justifiable, but exceedingly useful. There are many patients, too, who can best be approached in a jocose way; and who are led to disclose certain important facts by a species of bantering. Harmless jokes may often pass between the patients and their medical attendant, or, occasionally, be hazarded by the latter alone, with benefit. This has been, at times, our own experience. We differ, however, widely, from those who think that the *publication* of these jokes, or of the ordinary conversation, necessarily taking place, between the practitioner and his patients, at the institutions to which we have referred, is desirable, or proper. For our own part, we are pained to see a tendency to adopt that *ad captandum* style, in reporting the proceedings of certain *cliniques*, which, to our mind, is always in bad taste, and lowers the

dignity of the profession, in all eyes. We cannot understand how men, deservedly distinguished in their calling, can allow themselves to be thus shown up. Is it necessary, we would ask, to chronicle all the *chit-chat*, both relevant and irrelevant, which occurs during the examination of clinical-lecture patients, or of such as present themselves as out-patients at hospitals and dispensaries? Let the said chit-chat go on, if you please—make the “clinic” as pleasant as possible, to both patients and lookers-on—there is need enough of it, usually—but don’t have it all strung out in type—it really is not creditable, to say the least.

We do not wish to be invidious, or captious, in our remarks—but where else, we would ask, do we see this sort of thing except in our own country? And do not those journals, and those authors of books who adopt it, suffer, sooner or later, not only in the opinion of their medical brethren, but in that of “outsiders,” who happen to get wind of the thing? We confess to a feeling of disappointment, when we take up a book of real value—such, for instance, as Professor Gunning S. Bedford’s indisputably is—and have to wade through long and profitless *conversations*, before we reach the gist of the matter. It really strikes us as only an appeal to the public, and a poor one at that.

Of course the remarks offered by distinguished practitioners (at the New York *cliniques*, for example) could not be published, entire, without their sanction—and yet we are treated, in the pages of the *New York Medical Press*, to specimens like the following, from gentlemen for whose scientific reputation and private character we have the very highest respect—yet to whose course, in this matter, we cannot but take exception. For instance, would it not have been more in accordance, not only with scientific interests, but with propriety and good taste, to have stated the treatment of the cases, simply, and to the point, without giving the detailed conversations which we quote? “Now, Madam, be kind enough to take your position on the bed, and I will very soon do what is right for you.” “Thank you, Sir.” “You perceive, gentlemen, I introduce this cylindrical speculum; I now have the cervix within the focus of the instrument, and, as you see, freely cauterize it with the solid nitrate.” “Return here, Madam, next Monday; I will repeat the same thing again.” “I shall, Sir.” “Madam” was certainly very cool and collected after her *exposé*, and conversed with great nonchalance! We conclude that, shortly after “next Monday,” we shall be favored with a little more small talk of the same sort.

In the same number of the journal we have cited, there occurs another conversation, of about a quarter of a column, wherein the patient (who is styled by the prescriber his “good friend,” twice, within the compass of a few lines) affords some amusement to the bystanders—and is *supposed* to do so to the readers of the above journal—by having misunderstood the Doctor’s language. A uterine tumor had been discovered; the questioner asks—“What did I call the tumor, my good friend?” “A *porpus*, Sir.” “Oh! no, you misunderstood me; I said a polypus.” “Well, Sir, I know it sounded something like a *porpus*!” * * Now we submit that while it may be all very well to laugh at such a mistake, and air the joke, for a few minutes, at the time it is enunciated, the re-production of it in a medical journal, as a part of the proceedings of a medical *clinique*, is worse than absurd—it is “flat, stale and unprofitable”—out of place and

out of taste. The same kind of twaddle, upon the next page, is fully as objectionable:—"Now, my good woman, if you will be kind enough to place yourself on this bed, I will remove the polypus." "Thank you, Sir."

But by far the most offensive specimens of so-termed clinical reports are to be found a few pages in advance of the latter extracts. In the midst of much instructive information, communicated by Prof. Willard Parker, the reporter thereof has seen fit to interlard the text with frequent intimations of the occurrence of hilarity. The word "laughter" is parenthetically inserted no less than three times within a dozen lines. This reminds one of the similar interpolation of the words "applause," or "cheers," in political or other popular addresses. The only difference is, that in the latter case it is proper; in the former, anything but that. Still farther on, no less a person than Professor Alonzo Clark is reported as taking *his* turn at the same species of jocosity. "Will you tell us some features in your case?" "I don't remember any at present except that my heart feels large." (Laughter.) "That's no evidence, Madam, of its being so." "Let us look, gentlemen, into the objective symptoms." "Throw off your cape and furs, Madam, and arrange your dress in such a way that I may listen to your heart." "I have had dyspepsia for a long time, doctor." "We will consider that." Even the account of the "auscultatory signs," which follows, is given in a loose, affected style; and is terminated by a narration setting forth the action of tobacco on the heart of a medical brother, whose "beautiful wife" did not become a widow when he thought she would!

We cannot suppose, for a moment, that these gentlemen, so widely and creditably known, gave their clinical remarks, with their little interludes (proper enough, *in moderation*, in the hospital ward or dispensary room), in the expectation that they would be thus reported, in such very significant and insignificant detail—but the question will arise, why do they *allow* their publication, after once seeing them? And, in this connection, we cannot but remark the striking contrast of the report from Bellevue Hospital by Charles Phelps, M.D., House Surgeon. This is done in the style it should be; and conveys a clear idea of the circumstances of the case, in the terse terms which befit such communications. A weekly journal can hardly, we should think, devote much of its space, continuously, with advantage to its subscribers or credit to itself, to miscellaneous conversation, or to a jumble of that and scientific statements.

We have none but the best feelings and wishes to express toward any and every medical journal which seeks to enlighten the profession and to be its medium of communication; but we hold, that management of the sort to which we have referred, is, to say the very least, a *grave mistake*.

We confess to being somewhat amused by the closing sentences of the leading editorial of the New York journal mentioned; and we present them, as worthy of consideration:—"We are well aware that other cities of our Union have made an advancement in medical matters, in ratio to their increase, commensurate with our own, and the knowledge of this fact gives us sincere pleasure, as it places our country, in that respect, not a whit behind the older nations, whose medical records filled many a heavy tome ere ours began; yet we maintain that Gotham is *The Metropolis*." For a journal, which, at

the time the above was printed (Dec. 25th, 1858), bore on its cover "Vol. I., No. 4," we contend that the sentiments—and particularly the last—are "pro—digious"!

CLINICAL STUDY OF THE HEART-SOUNDS.

In an article in a late number of the *Buffalo Medical Journal*, by Prof. Austin Flint, on the "Clinical Study of the Heart-Sounds," are some suggestions respecting the value of the first sound, and the impulse which accompanies it, in the diagnosis of cardiac disease, that strike us as peculiarly interesting, notwithstanding they do not contain, so far as we are aware, any thing absolutely new. The study which Dr. Flint has bestowed upon the subject of the physical signs furnished by the thoracic organs, and the lucid manner in which he describes and illustrates them, make everything on the subject, from his pen, of peculiar value; and our object in alluding to a portion of his article, is to recommend a perusal of the whole to those who are interested in the study of diseases of the heart.

As Dr. Flint observes, the first sound is composed of two elements, a valvular element and an element of impulsion. By placing the stethoscope over the apex of the heart, the two elements are combined, and form the booming, impulsive sound, so different from the sharp and abrupt flap of the similunar valves. If the stethoscope be moved to the neighborhood of the nipple (a little without it), the sound becomes altered: from being prolonged, it has become shortened, being scarcely longer than the second sound, it is less intense, and has lost the booming, impulsive quality which is apparent over the apex. It thus becomes essentially *valvular*; its impulsive quality, due to the shock of the apex against the ribs, is gone. The proof that the characters distinctive of the first sound, as heard over the apex, are due to the impulse, lies in the fact that these characters vary in their degree of prominence according to the position of the subject examined. When the patient lies on his back, the impulse-character is considerably lessened. The same occurs if he inclines to the right side, but on turning to the left side the peculiar character of the sound is increased; in other words, when the apex is removed from the thoracic walls, the character which its impulse gives to the first sound is proportionately diminished. The same thing occurs when the heart is mechanically prevented from coming in contact with the ribs, as from effusion into the pericardium or pleura, or from emphysema of the left lung.

The inference to be drawn from this decomposition of the first sound, and the facts respecting the two elements of which it is made up, is that when the impulsive element obtains to any extent, the heart is driven with increased force against the parietes of the chest, and this is owing, in the immense majority of cases, to enlargement of the organ, in which hypertrophy predominates. Hence, the first sound, in hypertrophy, is abnormally dull and prolonged; and in proportion to the prolongation, the interval between the first and second sounds is shortened; it may be almost or even quite inappreciable. It is this difference of interval which distinguishes the augmented intensity due to hypertrophy from that which occurs when the muscular action of the heart is increased by merely functional excitation. In the latter case, the first sound is abnormally exaggerated, but the exaggeration does not affect disproportionately the element of impulsion to the same extent. When, however, the intensity of the element of impulsion

falls below that of health, it indicates a weakened condition of the muscular power of the heart, and, in extreme cases, this element may be wholly suppressed, leaving the valvular sound alone audible, even at the apex. In this case, the interval between the first and second sounds is lengthened. This occurs in dilatation without hypertrophy, in prostration from typhus and typhoid fever, in cases of fatty degeneration, and, in short, whenever the muscular power of the organ is greatly reduced. As already stated, the impulsive element of the first sound is also eliminated by the presence of fluid in the pericardium or left pleural cavity, by emphysema, or other causes acting mechanically.

We have thus touched upon a single point of Dr. Flint's able and interesting article. The whole paper, as we have said, is well worth the perusal, for no one seeking instruction on the subject of the heart-sounds can read it attentively, without obtaining clear and correct notions of their significance in the diagnosis of cardiac disease.

THE LATE DR. EPHRAIM BUCK.

At a special meeting of the Suffolk District Medical Society, held at their Hall in Temple Place, at 12 o'clock, Tuesday, Jan. 4th, 1859, Dr. Channing offered the following resolutions, which were unanimously adopted:

Resolved, That this Society have learned, with sincere regret, of the death of their valued associate and late President, Dr. Ephraim Buck.

Resolved, That in view of the loss thus sustained by our profession and by the community in which he lived, it is appropriate for us to remember the excellent traits of his strongly-marked character, his firmness, his honesty, his conscientiousness in all the relations of life, his tenacity of well-formed opinions, his fidelity to duty and his courtesy in performing it—finally, the integrity of his long and honored life.

Resolved, That with our regret we rejoice to learn that the illness of our friend was marked by patience, by composure, and by entire resignation in the sure approaches of death.

Resolved, That we offer our sympathies to his family in their affliction, and that a copy of these resolutions be presented to them.

Resolved, That in token of our respect for the deceased, the Fellows of this Society will attend his funeral this afternoon, at 2 o'clock, at the Salem Street Church.

A. A. GOULD, M.D., *President*. C. D. HOMANS, M.D., *Secretary*.

PATHOLOGICAL SPECIMENS SENT FROM A DISTANCE.

WE frequently have specimens sent to us from a distance, which are rendered useless, and made wholly unavailable, especially for microscopical examination, by the action of the *strong alcohol* in which they are immersed. It ought to be generally known that this species of pickling entirely spoils the specimens, because, not only is the trouble in putting them up, and the cost of sending them, thrown away, but very interesting samples of the effects of disease upon the various organs are often thus lost. If the distance is not very great, nor the time required for transmitting a specimen long, it may safely and preferably be sent in its *fresh* state, wrapped in tin foil. Thin slices of a diseased organ may thus be easily sent by mail. Where the conditions will not allow of the latter mode of conveyance, or where specimens come from a distant source, they may be well preserved in *glycerine*. At all events,

if spirits are used, let half alcohol and half water be the proportion—or, what is equivalent, *rum*—one of the best uses to which that sort of spirits can be applied.

We are often chagrined at the loss of what would otherwise be most valuable specimens, in consequence of the puckering, tanning process—the alcoholization, which they have undergone. Will those who are kind enough to send us specimens, “make a note of” our suggestions?

A NEW YEAR'S GIFT TO THE EDITORS!

The present is an age of “surprises.” It is not often, however, that doctors are surprised—in any sense of the term. And more especially is this true with regard to those manifestations of good will yclept “surprise-parties.” Clergymen, generally, seem to be the victims of this species of amusement. An incursion of this sort is now very common, and partially supplies, in some instances, we suppose, the lack entailed upon the one who sustains the raid, by a small and insufficient salary. We believe that *editors* have occasionally received attentions of a similar sort. For ourselves, the present year has brought with it a compliment from a brother physician—not exactly a surprise to us, because he is in the habit of doing such things, and we can look back to an instance, illustrating this proclivity, and which was conveyed in a *fluid* form. The present gift was narcotico-placid, and therefore of vapory nature, ultimately, though at present wrapped in the light-brown garb of tobacco, and known as *cigars*—duly boxed! The following well-turned and highly descriptive lines accompanied the fragrant present, and of course render it doubly—nay, a thousand fold more valuable.

B. E. C.

TO FRIENDS MORLAND AND MINOT;

With a box of Cigars, January 1st, 1859.

A happy year—nor deem it all a joke
If steadfast wish induce a transient *smoke*;
By outward symbol know the heart's desire,
Where *smoke* exists there must indeed be *fire*;
The “wine of life” of which old Cowper spoke,
Would waste in vapors if not wreathed in *smoke*;
The smoking bowl at winter's feast or rout

Dispels at once all thoughts of “cold without”;
A *smoky draught* both lungs and bacon cures;
And *smoking incense* heavenly grace secures;
Smoke gently curling to the skies above
Suggests the *blazing hearth* and homebound love.
If *worth the candle*, let us then invoke
A fragrant ending—to the gift—in *smoke*.

NEW APPLICATION OF THE STEREOSCOPE.

MR. JOHN P. SOULE, of this city has recently been engaged in taking a series of photographs from dissections of the human subject, designed for use in the stereoscope. He has already prepared a dozen or more of these pictures, which exhibit as many different dissections of the muscles, and it is his intention to continue the series, and to prepare views of the arteries, &c.

The pictures are very beautiful, and should the artist succeed in coloring them satisfactorily, their value will be greatly enhanced. Mr. A. G. Putnam, No. 456 Washington Street, is the sole agent for the sale of these views.

DEATH OF DR. AARON L. LELAND.

We noticed, some time ago, the death of Dr. Leland, formerly of this State, which occurred at his place of residence, Detroit, on Sun-

day, Nov. 14th, after a very short illness. We extract the following particulars of his life from a notice in the *Detroit Tribune*.

"Dr. Leland was born in the town of Sherborn, Mass., on the 21st day of August, 1813. He was descended from an old and highly respectable family, and was reared under the healthy influences of a New England country life. He graduated from Cambridge College, Mass., in the year 1833, and immediately commenced the study of medicine. He spent several months in the Lying-in Hospital in Boston, and nearly two years in the smallpox hospital in Boston Harbor. During this period he won the esteem and praise of the attending physicians, who were among the most distinguished in Massachusetts. In 1836, he removed to Pontiac, in this State. He was for several years in partnership with Dr. Pad-dock of that place, and had an extensive practice. Thinking that Detroit furnished a better field than Pontiac, he removed to this city in 1845, and since that period has devoted himself to his professional business in our midst. His labors were not without their reward. He ranked among the first class of medical men in the State, and, as a practitioner, met with eminent success. In 1848 he was Port Physician at this place, and in 1851 he was selected as vaccinating Physician of the city. He was twice chosen by the Medical Society of Detroit as a delegate to attend the meetings of the National Medical Association.

"In the medical profession, the place of the deceased cannot be easily supplied. A thorough academic education laid the foundation for his subsequent studies, which were prosecuted with vigor. A thorough knowledge of the principles of medicine, a sound practical judgment, caution without fear, decision without rashness, and large experience—these rendered the deceased a safe and successful practitioner; while the refinement of his mind and manners, and gentle deportment, caused him always to be a visitor welcomed by the sick, not only as a physician but as a friend. Many, in hours of indisposition, will miss, with a feeling akin to real sorrow, his placid countenance and comforting presence, and sincerely mourn his loss."

Impalement on an Iron Rod.—The last number of the *Buffalo Medical Journal* contains an account of the case of a young man who fell upon an iron rod, used for stuffing horse collars, four and a half feet in length, three eighths of an inch in diameter at the point, and five eighths of an inch at the base. The rod entered the abdomen four inches below the umbilicus, one inch to the right of the linea alba, and came out at the back, on the same side, about opposite the last dorsal vertebra, two inches from the mesial line. The man pulled out the rod himself and walked across the street to his house. He made a rapid recovery.

Health of the City.—A considerable increase in the number of deaths took place during the last week, chiefly among children under 5 years of age, who composed more than half the mortality. Nine deaths are ascribed to "infantile diseases," 7 to pneumonia, 4 each to "convulsions," scarlatina, disease of the heart and "teething." The number of deaths for the corresponding week of 1858 was 67, 25 being those of subjects under the age of 5. There were 6 deaths from "infantile diseases," 4 from pneumonia, 4 from whooping cough, and 17 from consumption.

WE regret that circumstances have put us back a day or two in the issue of the JOURNAL this week. We shall endeavor to avoid, hereafter, the occurrence of a similar delay.

DIED.—At Cambridge, Jan. 4th, Dr. Samuel Sawyer, aged 54.—In New Orleans, Oct. 28th, after a long and painful illness, Dr. J. M. W. Picton, for the past thirty-two years an eminent practitioner in that city, and late Professor of Diseases of Women and Children in the New Orleans School of Medicine.

Deaths in Boston for the week ending Saturday noon, January 1st, 56. Males, 40—Females, 46.—Inflammation of the bowels, 3—bronchitis, 1—inflammation of the brain, 1—consumption, 20—convulsions, 4—cholera infantum, 1—croup, 1—diabetes, 1—dropsy, 1—dropsy in the head, 3—debility, 2—infantile diseases, 9—puerperal, 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 4—hernia, 1—inflammation of the lungs, 1—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 1—old age, 3—palsy, 2—teething, 4—tumor, 1—unknown, 3—whooping cough, 3.
Under 5 years, 44—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 10—above 60 years, 11. Born in the United States, 57—Ireland, 22—other places, 7.